



1000 Englewood Pkwy
Attn: ACH
Englewood Colorado 80110
utilities@englewoodco.gov

ACH (AUTO-PAY) UTILITY PAYMENTS AUTHORIZATION FORM

If you would like to have your Englewood Utility bill automatically withdrawn from your checking or savings account, please fill out the following form and email, mail or deliver to the address listed above.

Service Address:

Utilities Account Number:

Customer Number:

Customer Name:

Authorized Representative:

Daytime Phone:

Evening Phone:

Cell Phone:

Call:

Text:

Email:

Mailing Address:

City, State & Zip:

I hereby Authorize and request the City of Englewood Utilities Department (CITY) to effect payment of any amounts owed by me for water/sewer or other service charges to CITY on or after the due date by initiating debit entries to my account at the bank institution (BANK) indicated. I hereby authorize and request BANK to accept and debit entries initiated by CITY and to debit the same to my account without liability for the correctness of entries. It is understood and I agree that I may terminate this agreement at any time upon thirty (30) business day's prior WRITTEN notice to CITY. Notification to CITY shall be effective upon receipt. If an erroneous debit is made to my account I authorize CITY and BANK to stop payment, reverse the entry or make any adjustments necessary to my account to correct the erroneous entry. It is understood that I shall have the rights set forth with respect to all entries initiated by CITY under this Agreement.

Payment will be deducted from your account on the due date or the first working day following the due date. Returned items will be treated in the same manner as returned checks and will be subject to the same fees. Returned items may also result in the termination of your auto-pay account.

Signature:

Date:

Signature:

Date:

Yes! Please sign me up to have funds electronically transferred from the bank account specified. I authorize my financial institution to make payments to the **City of Englewood** by this method and post them to my account.

Please mail both pages of the form to address on page one.

PLEASE CONTINUE TO PAY YOUR BILL AS USUAL UNTIL A NOTICE APPEARS ON YOUR BILLING STATEMENT

(Please type or print clearly all the information requested)

Name:

Address:

City, State & Zip:

Utilities Account Number (11 digits):

This page will be destroyed along with your voided check or deposit slip after the input of your personal information.

Please check ONE:

I am the owner:

I am the tenant:

I am the responsible party:

(Please Explain):

If setting up for multiple service addresses, please copy this form and complete for each address

Deduct from my checking account:

Savings account:

(If you have selected checking, please attach a voided check to this form).

(If you have selected savings, please attach a voided deposit slip to this form):

Bank Name:

Bank Address:

City, State, Zip:

Date:

Signature:

This authority will remain in effect until the City of Englewood receives written notice of its termination at least thirty days prior to the effective date of the termination.

Cut here and keep the portion below for your records

CITY of ENGLEWOOD, CO UTILITIES ACH PAYMENT

Utilities Account Number (11 digits):

Checking account:

Savings account:

Bank Name:

Bank Account Number: